## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10676179

| CLAIMS AS FILED - PART I (Column 1) (Column 2)           |                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |              |                               |              |                  |                | SMALL ENTITY TYPE                       |                        |       | OTHER THAN OR SMALL ENTITY |                        |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------|-------------------------------|--------------|------------------|----------------|-----------------------------------------|------------------------|-------|----------------------------|------------------------|
| TOTAL CLAIMS                                             |                                                                                                                                                                                                                                                                                                                                                                                                            |                                             | 34           |                               |              |                  |                | RATE                                    | FEE                    |       | RATE                       | FEE                    |
| FOR                                                      |                                                                                                                                                                                                                                                                                                                                                                                                            |                                             | NUMBER FILED |                               | NUMBER EXTRA |                  |                | BASIC FEE                               | 385.00                 | OR    | BASIC FEE                  | 770.00                 |
| то                                                       | TAL CHARGEA                                                                                                                                                                                                                                                                                                                                                                                                | BLE CLAIMS                                  | 39 minus 20= |                               | *            |                  |                | X\$ 9=                                  | 126                    | OR    | X\$18=                     |                        |
| IND                                                      | EPENDENT CL                                                                                                                                                                                                                                                                                                                                                                                                | AIMS                                        | S mir        | nus 3 =                       | *            |                  |                | X43=                                    | 8-6                    | OR    | X86=                       |                        |
| MU                                                       | LTIPLE DEPEN                                                                                                                                                                                                                                                                                                                                                                                               | DENT CLAIM PI                               | RESENT       |                               |              |                  |                | +145=                                   |                        | OR    | +290=                      |                        |
| * If the difference in column 1 is less than zero, enter |                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |              |                               | "0" in c     | column 2         | ı              | TOTAL                                   | 597                    | OR    | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II                              |                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |              |                               |              |                  |                | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |       |                            |                        |
| (Column 1) CLAIMS                                        |                                                                                                                                                                                                                                                                                                                                                                                                            |                                             | 1            | (Columi<br>HIGHE              |              | (Column 3)       | 1 r            | J                                       |                        | )<br> |                            |                        |
| AMENDMENT A                                              |                                                                                                                                                                                                                                                                                                                                                                                                            | REMAINING<br>AFTER<br>AMENDMENT             |              | NUMI<br>PREVIC<br>PAID        | BER<br>OUSLY | PRESENT<br>EXTRA |                | RATE                                    | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                          | Total                                                                                                                                                                                                                                                                                                                                                                                                      | *                                           | Minus        | **                            |              | =                |                | X\$ 9=                                  |                        | OR    | X\$18=                     |                        |
|                                                          | Independent                                                                                                                                                                                                                                                                                                                                                                                                | *                                           | Minus        | ***                           |              | =                |                | X43=                                    |                        | OR    | X86=                       |                        |
| Ľ                                                        | FIRST PRESE                                                                                                                                                                                                                                                                                                                                                                                                | ENTATION OF MULTIPLE DEPENDENT              |              |                               | CLAIM        |                  | J              | +145=                                   |                        | OR    | +290=                      |                        |
|                                                          |                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |              |                               |              |                  |                | TOTAL                                   |                        |       | TOTAL                      |                        |
| (0.1 0) (0.1 0)                                          |                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |              |                               |              |                  |                | ADDIT. FEE                              |                        | 10,,  | addit. Fee                 |                        |
| _                                                        |                                                                                                                                                                                                                                                                                                                                                                                                            | (Column 1)<br>CLAIMS                        |              | (Colur<br>HIGH                |              | (Column 3)       | ,<br>1         |                                         | ADD:                   | 1     |                            | ADDI                   |
| AMENDMENT B                                              |                                                                                                                                                                                                                                                                                                                                                                                                            | REMAINING<br>AFTER<br>AMENDMENT             |              | NUM<br>PREVIO<br>PAID         | BER<br>DUSLY | PRESENT<br>EXTRA |                | RATE                                    | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                          | Total                                                                                                                                                                                                                                                                                                                                                                                                      | *                                           | Minus        | **                            |              | =                | ] [            | X\$ 9=                                  |                        | OR    | X\$18=                     |                        |
|                                                          | Independent                                                                                                                                                                                                                                                                                                                                                                                                | *                                           | Minus        | ***                           | 01.411.1     | =                | Į Į            | X43=                                    |                        | OR    | X86=                       |                        |
|                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                             |                                             |              |                               |              |                  |                | +145=                                   |                        | OR    | +290=                      |                        |
|                                                          |                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |              |                               |              |                  |                | TOTAL<br>ADDIT. FEE                     |                        | OR    | TOTAL<br>ADDIT. FEE        |                        |
|                                                          |                                                                                                                                                                                                                                                                                                                                                                                                            | <u>.</u>                                    |              |                               |              |                  |                |                                         |                        |       |                            |                        |
| AMENDMENT C                                              |                                                                                                                                                                                                                                                                                                                                                                                                            | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |              | HIGH<br>NUM<br>PREVIC<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |                | RATE                                    | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                          | Total                                                                                                                                                                                                                                                                                                                                                                                                      | *                                           | Minus        | **                            |              | =                |                | X\$ 9=                                  |                        | OR    | X\$18=                     |                        |
|                                                          | Independent                                                                                                                                                                                                                                                                                                                                                                                                | *                                           | Minus        | ***                           |              | =                | 1              | X43=                                    |                        | OR    | X86=                       |                        |
| Ľ                                                        | FIRST PRESE                                                                                                                                                                                                                                                                                                                                                                                                | NTATION OF M                                | JLTIPLE DEF  | PENDENT                       | CLAIM        | <u> </u>         | <del>」</del> ├ | +145=                                   |                        | OR    | +290=                      |                        |
| **                                                       | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                             |              |                               |              |                  |                |                                         |                        |       |                            |                        |